Use Alternatives to Opioids



Low back pain

Self-care and patient education:

Advise patients to remain active and limit bedrest

Nonpharmacological treatments:

Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation

Medications:

- First-line: acetaminophen, non-steroidal anti inflammatory drugs (NSAIDs)
- Second-line: Serotonin and norepinephrine reuptake inhibitors (SNRIs)/tricyclic antidepressants (TCAs)

Fibromyalgia

Patient education:

Address diagnosis, treatment, and the patient's role in treatment

Nonpharmacological treatments:

Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation

Medications:

- FDA-approved: pregabalin, duloxetine, milnacipran
- Other options: TCAs, gabapentin

When opioid medication is part of the treatment plan:

- Check the Prescription Monitoring Program (PMP).
- Assessment of risk, adherence, function and pain.
- Start low and go slow. Schedule follow-up in one week.
- Prescribe naloxone.
- Provide YourLifelowa.org resources.

When managing an opioid use disorder:

- Get Medication-Assisted Treatment (MAT) waiver certified through Providers Clinical Support System at pcssnow.org
- Link patient to care for outpatient or residential treatment.
- Provide YourLifelowa.org resources.
- Prescribe naloxone.

Migraine

Preventive treatment:

- Beta-blockers
- TCAs
- Antiseizure medications
- Calcium channel blockers

Neuropathic pain

Medications:

- TCAs
- SNRIs
- gabapentin/pregabalin
- topical lidocaine

Osteoarthritis

Nonpharmacological

treatments: Exercise, weight loss, patient education

Medications:

- First-line: acetaminophen, oral NSAIDs, topical NSAIDs
- Second-line: Intra-articular hyaluronic acid, capsaicin (limited number of intraarticular glucocorticoid injections if acetaminophen and NSAIDs insufficient)

